

|   |  |                         |   |
|---|--|-------------------------|---|
| <b>Index of Claims</b>  |  | Application/Control No. | Applicant(s)/Patent Under Reexamination |
|  |  | 10525779                | BERENBRINK ET AL.                       |
| Examiner<br>Carl D Price  |  | Art Unit<br>3749        |   |

|   |          |   |            |   |              |   |          |
|---|----------|---|------------|---|--------------|---|----------|
| ✓ | Rejected | - | Cancelled  | N | Non-Elected  | A | Appeal   |
| = | Allowed  | ÷ | Restricted | I | Interference | O | Objected |

Claims renumbered in the same order as presented by applicant       CPA       T.D.       R.1.47

| CLAIM |          | DATE       |            |            |  |  |  |  |  |  |
|-------|----------|------------|------------|------------|--|--|--|--|--|--|
| Final | Original | 05/11/2008 | 11/10/2008 | 03/01/2009 |  |  |  |  |  |  |
|       | 1        | -          | -          | -          |  |  |  |  |  |  |
|       | 2        | -          | -          | -          |  |  |  |  |  |  |
|       | 3        | -          | -          | -          |  |  |  |  |  |  |
|       | 4        | -          | -          | -          |  |  |  |  |  |  |
|       | 5        | -          | -          | -          |  |  |  |  |  |  |
|       | 6        | -          | -          | -          |  |  |  |  |  |  |
|       | 7        | -          | -          | -          |  |  |  |  |  |  |
|       | 8        | -          | -          | -          |  |  |  |  |  |  |
|       | 9        | -          | -          | -          |  |  |  |  |  |  |
|       | 10       | -          | -          | -          |  |  |  |  |  |  |
|       | 11       | -          | -          | -          |  |  |  |  |  |  |
|       | 12       | -          | -          | -          |  |  |  |  |  |  |
|       | 13       | -          | -          | -          |  |  |  |  |  |  |
|       | 14       | -          | -          | -          |  |  |  |  |  |  |
|       | 15       | -          | -          | -          |  |  |  |  |  |  |
|       | 16       | -          | -          | -          |  |  |  |  |  |  |
|       | 17       | -          | -          | -          |  |  |  |  |  |  |
|       | 18       | -          | -          | -          |  |  |  |  |  |  |
|       | 19       | -          | -          | -          |  |  |  |  |  |  |
|       | 20       | -          | ✓          | ✓          |  |  |  |  |  |  |
|       | 21       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 22       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 23       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 24       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 25       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 26       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 27       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 28       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 29       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 30       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 31       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 32       | ✓          | ✓          | ✓          |  |  |  |  |  |  |
|       | 33       | ✓          | ✓          | -          |  |  |  |  |  |  |
|       | 34       | ✓          | ✓          | -          |  |  |  |  |  |  |
|       | 35       | ✓          | ✓          | -          |  |  |  |  |  |  |
|       | 36       | ✓          | ✓          | ✓          |  |  |  |  |  |  |

|   |  |                         |   |
|---|--|-------------------------|---|
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|  |                              |                               |                                 |            |  |  |  |  |  |  |  |
|--|------------------------------|-------------------------------|---------------------------------|------------|--|--|--|--|--|--|--|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | <input type="checkbox"/> CPA | <input type="checkbox"/> T.D. | <input type="checkbox"/> R.1.47 |            |  |  |  |  |  |  |  |
| <b>CLAIM</b>   |                              | <b>DATE</b>                   |                                 |            |  |  |  |  |  |  |  |
| Final  | Original                     | 05/11/2008                    | 11/10/2008                      | 03/01/2009 |  |  |  |  |  |  |  |
|  | 37                           | ✓                             | ✓                               | ✓          |  |  |  |  |  |  |  |
|  | 38                           | ✓                             | ✓                               | ✓          |  |  |  |  |  |  |  |
|  | 39                           | ✓                             | ✓                               | ✓          |  |  |  |  |  |  |  |